EXHIBIT 7

6/8 COD

CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA NY 14850

OPERATIVE NOTE

ACCT
MR #

MOSHIER, DONALD L Age: 416-02 06/06/99
DOB:

Surgeon: Guillermo Ferrer, MD. Assistant:
Anesthesiologist: Joseph Bylebyl, MD Anesthesia: General

0948 1115

Preop diagnosis: Acute abdomen. Rule out trauma.
Postop diagnosis: Acute appendicitis.
Operation: Diagnostic laparoscopy with laparoscopic appendectomy.

ESTIMATED BLOOD LOSS: Less than 50 cc.

INDICATIONS: The patient is a 37-year-old male who approximately two days ago sustained a fall on a motorcycle at low speed. He started to complain of severe right lower quadrant abdominal pain in the last 24 hours. He came into the emergency room complaining of severe pain, peritoneal signs, elevated white count, and abnormal findings on the CT scan. For this reason, the patient was taken to the operating room for a diagnostic laparoscopy.

PROCEDURE: The patient was placed in a supine position. He was prepped and draped in the usual, sterile fashion. Under general anesthesia, a subumbilical incision was performed. This incision measured approximately 2 cm. Through this incision, a Veress needle was introduced into the abdominal cavity to create a pneumoperitoneum which was done up to a pressure of 14 mmHg, and after this was done the needle was retrieved, and a trocar was placed in this area. After this, the laparoscope was introduced into the abdominal cavity, and a superficial exploration was done. There was an inflammatory process with an obviously acute inflamed appendix in the right lower quadrant with purulent material that appeared to be gangrenous, nonperforated. The liver appeared to be cirrhotic. The remaining of the abdomen appeared to be otherwise unremarkable. After this was done, the remaining trocars were placed; 5 mm in the midline, and then 11 mm in the lower abdomen midline, and an extra 5 mm in the left lower quadrant. These were placed under direct laparoscopic guidance, and they were used also to examine the bowel. After this was done, the adhesions between the appendix and the cecum, as well as the small bowel were taken down by blunt and sharp dissection. Mobilization of the cecum had to be done in order to mobilize the appendix. The appendix appeared to be acute gangrenous with a lot of inflammatory tissue. At this point, in order to avoid rupture, an endo-loop was placed around the appendix to use for traction, and after this a window was created at the base of the mesoappendix and the appendix, and an endo GIA 3.5 stapler device was used and the appendix was then transected. The mesoappendix was then transected with the vascular endo GIA, and the appendix was then retrieved in an endobag. After this, the area was checked for hemostasis. No bleeding was noted. The area was irrigated and suctioned out as much as possible, and after this the trocars were removed under direct vision. No bleeding was noted from the wall. The midline incisions were then closed at the level of the fascia with 0-Biosyn, and the skin was closed with staples. The patient tolerated the procedure well, and he was taken in good condition to

CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA NY 14850

OPERATIVE NOTE

ACCT
MR #(

MOSHIER,DONALD L Age: 416-02 06/06/99
DOB:

the recovery room.

Important as a final diagnosis as well, is the patient has liver cirrhosis changes on the liver.

Hsjob: 982703
T: 16382

GUILLERMO FERRER, MD.
DICT. 19990606 1116 TR. 19990606 1313 HS